

IMMUNIZATION UPDATE

FALL 2006

WORKING TOGETHER—IMMUNIZATION HIGHLIGHTS FROM THE PROGRAM MANAGER

INSIDE THIS ISSUE:

HPV VACCINE	2
MUMPS UPDATE	2
2007 NORTHWEST IMMUNIZATION CONFERENCE	3
WASHINGTON & OREGON DATA EXCHANGE	3
SCHOOL & CHILD CARE CORNER	3
PERINATAL HEP B SURVEY	3
IPCP STAFF	4
VAERS	4
SPOTLIGHT ON LOCAL HEALTH	4
RESOURCES	5
CHILD PROFILE HEALTH PROMOTION UPDATES	6
CHILD PROFILE IMMUNIZATION REGISTRY STRATEGIC PLAN	6
FOSTER CARE PASSPORT	6
IACW LETTER TO PROVIDERS	7
THIRD PARTY VACCINE DISTRIBUTION	7
VACCINE SUPPLY UPDATE	8
RESULTS OF CHILD PROFILE FOCUS GROUPS	8



By Janna Bardi,
Program
Manager

As we end the summer and gear up for the influenza vac-

nation season and the upcoming legislative session, we are in a similar position to this time last

year. We have two new vaccines that we are working toward making a part of Washington's universal vaccine system: rotavirus and human papillomavirus (HPV) vaccines. Regarding influenza vaccine, with the news of more than 100 million doses available, the outlook seems good for an adequate supply this season.

At the Department of Health, we are going through the normal

processes to develop a budget request to seek the funds needed to continue the current array of vaccines we provide and also to seek new funds for the two new vaccines and the new recommendation for a second dose of varicella vaccine. The federal and Washington State processes for implementing a new vaccine can be confusing, so I will use this article to outline the steps and where we are in

Continued on page 9

2006-07 FLU UPDATE

Flu vaccination season is fast approaching. As of September 29, 100 million doses are expected nationally for the 2006-07 season, which is approximately 17 percent more doses than were available in 2005-06. We will continue to monitor vaccine supply and update local health jurisdictions (LHJs) as new information is available.

Some of the challenges faced in 2005-06 were high demand for the vaccine, media-driven messages about vaccine supply and avian flu, and decreased provider and public support for vaccination after November 1.

Some considerations for the 2006-07 season include unpredictability of production, timing of vaccine availability, multiple products and formulations, balancing supply and demand, and new recommendations.

Mass immunization module

There is a new emergency preparedness module for the CHILD Profile Immunization

Registry that can be used for mass immunization clinics. It has been tested by a few LHJs. If your LHJ would like to test the module, please contact Ellen Gish at 360-236-3679 or ellen.gish@doh.wa.gov.

ACIP recommendations

Some changes from last year's ACIP recommendations include the expansion of healthy children to include 6-59 months (up to the fifth birthday) and prioritization of children aged 6-23 months if insufficient vaccine is available.

The recommendations for 2006-07 include adults and children with chronic medical conditions, adults aged 50 and older, health care workers, children aged 6-59 months, and children and adults who are household contacts or caregivers of persons considered at high risk for complications from flu.

National supply

The following is our most current information from manufacturers:

- Sanofi-Pasteur: 50-60 million

doses (some preservative free, .25mL syringes still available).

- MedImmune: 3 million doses of FluMist (still booking orders).
- Novartis: 25 million doses (may still be booking).
- GlaxoSmithKline: 15 million doses (primary distribution to Group Purchasing Organizations).

Resources

Washington State Immunization Program CHILD Profile: www.doh.wa.gov/cfh/immunize/flu_updates.htm.

CDC: www.cdc.gov/flu.

Immunization Action Coalition of Washington's Influenza Immunization Toolkit: www.hmhbw.org/forprof/IACW/Influenza.htm.

Locating flu vaccine clinics

American Lung Association's Flu Shot Locator: <http://flucliniclocator.org/>. We encourage LHJs and local providers to list their clinic dates on this Web site.

HPV VACCINE—A BREAKTHROUGH FOR WOMEN'S HEALTH AND CANCER PREVENTION

On June 8, 2006 the Food and Drug Administration (FDA) licensed the first Human Papillomavirus (HPV) vaccine (Gardasil, manufactured by Merck) for use in females aged 9–26 years.

HPV is a very common virus. CDC estimates that at least 50 percent of people who are sexually active will get HPV at some point in their lives. HPV can cause cervical cancer, genital warts, and other conditions.

This vaccine is a major milestone for both women's health and cancer prevention. It is highly effective in preventing HPV infection; the major cause of cervical cancer. Cervical cancer is a major health problem both in the United States and worldwide.

Gardasil protects against four types of HPV; two that cause 70 percent of cervical cancers, and two that cause 90 percent of genital warts. GlaxoSmithKline has also developed an HPV vaccine that protects against two types of HPV. Their vaccine is in

the last stages of clinical testing and hasn't been licensed by the FDA.

The Advisory Committee on Immunization Practices (ACIP) recently voted to *routinely* recommend the vaccine for girls aged 11–12 years. Girls as young as 9 years and women up to age 26 years can also receive the vaccine if it is recommended by their doctor. The vaccine is not licensed or recommended for boys because there is not enough data to determine how effective the vaccine would be in this group.

The HPV vaccine recommendations are provisional and will become final when they are published in CDC's *Morbidity and Mortality Weekly Report*, possibly in November.

The HPV vaccine is recommended for girls aged 11–12 years because it is a preventive vaccine and will have the maximum impact if given before girls become sexually active. Research also shows that the vac-

cine is also more effective for younger teens than it is for older teens and women.

This doesn't mean that older teens and women up to age 26 should avoid getting the vaccine. Women who have acquired HPV may still benefit from getting the vaccine; it will protect them against any of the HPV types in the vaccine that they haven't already acquired.

Females who get the HPV vaccine will still need to get regular pap tests to ensure that cervical cancer can be identified early. Thirty percent of cervical cancer is caused by HPV types that are not in the vaccine.

The vaccine is administered as a series of three injections to provide the best protection. Research shows that the vaccine is 100 percent effective in preventing precursors to cervical cancers and almost 100 percent effective in preventing genital warts and other infections caused by the types of HPV in the vaccine.

Current research shows that the vaccine will provide protection for at least five years. It is unknown at this time whether a booster dose of vaccine will be needed to prolong protection.

The Washington State Department of Health isn't currently purchasing the HPV vaccine, but it is being considered for addition to the Washington State Universal Vaccine Program.

For more information on HPV and the vaccine, visit the following Web sites:

Washington State Department of Health HPV Vaccine Fact Sheet for the general public: www.doh.wa.gov/cfh/immunize/default.htm.

CDC Healthcare Provider Fact Sheet: www.cdc.gov/std/HPV/STDFact-HPV-vaccine-hcp.htm.

MUMPS UPDATE

In early 2006, several states in the Midwest experienced an outbreak of mumps prompting a CDC health advisory and leading to an emergency meeting of the Advisory Committee on Immunization Practices. The meeting resulted in a new two-dose recommendation for mumps vaccine, which can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm?s_cid=mm5522a4_e.

Information on mumps including the health advisory can be found at www.cdc.gov/nip/diseases/mumps/default.htm.

Over 4000 cases were reported in the multi-state outbreak which has now subsided, although some cases continue to be reported.

Although the outbreak in the

Midwest began on college campuses, persons reported in Iowa and surrounding states range in age from 2–95 years. Many of the persons reported as suspect, probable, and confirmed cases gave a history of having had two MMRs. It is important to note that many of these persons did not have classic mumps symptoms.

During 2006, four cases of confirmed mumps have been reported in Washington State. Two of the cases occurred in January and were related to international travel. Two additional cases occurred in persons that did not travel and who had no known connection to the Midwest outbreak.

The Washington State Department of Health Communicable Disease Epidemiology program

will facilitate testing of clinical specimens at the Public Health Lab (PHL) for any persons who meet the clinical case definition for mumps.

For each person that meets the criteria, the Department is requesting submission of a urine and buccal specimen, if possible, for the purpose of viral isolation, but will also be tested by polymerase chain reaction.

Information about lab tests used in the diagnosis of mumps can be found at www.cdc.gov/nip/diseases/mumps/faqs-lab-test-infect.htm.

Clinical information to submit with the specimens must include demographics, immunization history, and date of onset of parotitis. A full list of reporting information and variables to

include can be found at www.cdc.gov/nip/diseases/mumps/reporting.htm.

Mumps serology can be ordered by health care providers and completed through labs that perform serologic testing for mumps. (The PHL does not currently offer mumps serologic testing.) If commercial serologic results indicate recent mumps infection, local health jurisdictions (LHJs) should retrieve the serum sample and send it for confirmation to the CDC lab.

LHJs should contact Chas DeBolt, RN, MPH, directly at 206-418-5431 to report mumps cases and to request testing. If you are unable to reach Chas, call the main Communicable Disease Epidemiology program line at 206-418-5500 for assistance.

2007 NORTHWEST IMMUNIZATION CONFERENCE

The Washington State Department of Health Immunization Program CHILD Profile (ICP) is working with the Oregon Immunization Program to plan a Northwest Immunization Conference on May 15–16, 2007 in Portland, Oregon.

The conference theme is "Partnering for Success," and the goals of the conference are to: (1) provide an immunization training opportunity to help participants offer comprehensive immunization coverage for all age groups and (2) provide a venue for networking between the two states.

To help get feedback from the conference target audience, an Advisory Committee has been established. Advisory Committee members include immunization partners such as doctors, nurses, pharmacists, and local health staff from Oregon and Washington.

The committee is providing input on the conference agenda, sponsors and exhibitors, and has brainstormed possible session topics and speakers.

SCHOOL AND CHILD CARE CORNER

Varicella requirement

As of July 1, 2006, immunity to chickenpox is required for all children aged 19 months and older in licensed child care centers, preschools, kindergarten, and Grade 6.

Children may show immunity by having received one dose of varicella vaccine on or after their first birthday, by parental documentation of having the disease, by blood test results showing proof of immunity, or by having an exemption noting parental objection or religious or medical reasons for not receiving the vaccine.

Tdap requirement proposal

On July 12, 2006, the State

Board of Health adopted the proposed rule that will require a Tdap booster for sixth graders effective July 1, 2007.

Broader target audience input was also gathered through a Web survey. Over 400 people responded and gave input into topics and speakers that were of interest to potential attendees. The survey results will be used throughout the conference planning process.

All of the plenary speakers have been confirmed for the conference. They are: Dr. William Atkinson, Centers for Disease Control and Prevention; Dr. Paul A. Offit, Children's Hospital of Philadelphia; Dr. Dave Flemming, Bill and Melinda Gates Foundation; Dr. Alan R. Hinman, Public Health Informatics Institute; and Dr. Anne Schuchat, Centers for Disease Control and Prevention.

ICP has also invited Dr. Maxine Hayes, State Health Officer, and Assistant Secretary Patty Hayes to speak at the conference.

For more information, contact Michele Perrin at michele.perrin@doh.wa.gov or 360-236-3720.

Board of Health adopted the proposed rule that will require a Tdap booster for sixth graders effective July 1, 2007.

Annual immunization report

The School and Child Care Immunization Status Report due date is November 1, 2006. A mailing with information and instructions for electronic reporting will be sent to each school, child care center, and preschool in early October.

All new forms and materials may also be accessed on the Department of Health Immunization Program CHILD Profile Web site at www.doh.wa.gov/cfh/immunize/schools.htm.

WASHINGTON AND OREGON DATA EXCHANGE BEGINS

After eight years in the making, a registry-to-registry immunization data sharing agreement between Washington and Oregon began at the end of June.

Many people cross the Washington/Oregon border for medical care for themselves and their families and may see health care providers in both states. This agreement allows providers in Washington State using the Immunization Registry to view patient immunization records from Oregon State, and vice versa.

The data sharing will help assure that kids living in Washington and Oregon are getting the right shots, reduce the chance of getting duplicate shots, and help parents maintain accurate immunization records for their children. It will also help assure that most parents of young children in Washington are being sent immunization/well-child checkup reminders and other information through the CHILD Profile Health Promotion System.

Oregon's immunization registry, called ALERT, contains records for 128,361 children under 18 with a



Left to right: Janna Bardi, ICP Manager; Jan Fleming, Washington's Office of Maternal and Child Health Director; Katherine Bradley, Office of Family Health Administrator; Barbara Canavan, ALERT Director

last reported address in Washington. The Washington State CHILD Profile Immunization Registry contains records for 26,090 children with Oregon addresses.

Data sharing will begin with monthly batch exchanges, based on the address of residence. The eventual goal is to have real-time exchange available similar to the current registry-to-registry links that Washington has with Idaho and Louisiana.

PERINATAL HEPATITIS B SURVEY

The Immunization Program CHILD Profile, in coordination with the Maternal Child Health Assessment section, is conducting an evaluation to assess hospital perinatal hepatitis B prevention practices. The evaluation includes a hepatitis B policy and practices survey of all birthing hospitals, as well as reviews of maternal and infant medical charts at approximately 20–30 hospitals.

This will provide estimates of: (1) the availability of policies for screening mothers who present for delivery if their hepatitis B surface antigen (HBsAg) status is unknown, and policies for appropriate treatment of infants born to HBsAg-positive mothers; (2) the number of infants actually born to HBsAg-positive mothers versus the number of those identified

and reported to the Department of Health (DOH); (3) the percentage of infants who received appropriate treatment in the hospital; and (4) the maternal HBsAg-positivity rate for Washington.

Hospital OB GYN managers have been notified of the survey. The chart reviews began in July and will continue through December with the assistance of Civillia Winslow Hill, Children with Special Health Care Needs section.

Data gathered from this onsite chart review will provide valuable statewide and facility-specific information to hospitals, public and private providers, DOH, and CDC. For more information, contact Shana Johnny at 360-236-3698 or Pat deHart at 360-236-3537.

IMMUNIZATION PROGRAM CHILD PROFILE STAFF CHANGES

The following is an update of recent staff changes:

New to IPCP

Ellen Gish, Emergency Preparedness Lead. Ellen will help integrate IPCP's responsibilities for emergency preparedness and response. Welcome, Ellen!

Left IPCP

Colin Helsley, Vaccine Consultant. Colin has taken a position with the Office of the Secretary of State. We thank Colin for all of his work in vaccine management over the last year.

VACCINE ADVERSE EVENTS SURVEILLANCE SYSTEM

The Vaccine Adverse Events Reporting System (VAERS), mandated by the National Childhood Vaccine Injury Act of 1986, accepts adverse event reports in an encrypted and secure electronic transmission format and can be found at www.vaers.hhs.gov.

Information supplied in this online form is securely transmitted to VAERS. Secure Sockets Layer (SSL) is the protocol developed by Netscape for transmitting private documents via the Internet. Information regarding SSL can be found at www.rsasecurity.com.

Information identifying the person who received the vaccine is not made available to the public. Individuals and/or their health-care providers may be contacted

for follow-up information after the initial report is received by VAERS.

VAERS forms can also be downloaded from the VAERS Web site, or ordered through the Immunization Program CHILD Profile (IPCP) e-mail address: immune-materials@doh.wa.gov. The IPCP Web site, www.doh.wa.gov/cfh/immunize, also provides a link to VAERS.

Reports can still be sent to IPCP. For more information, contact Claire Norby at 360-236-3565 or claire.norby@doh.wa.gov.

IACW OCTOBER MEETING

The next Immunization Action Coalition of Washington meeting is on Wednesday, October 18 from 12-2:00 p.m. at the Department of Health Public Health Laboratory in Shoreline, Washington. Directions are available at www.doh.wa.gov/DOHDirections/PHL.htm.

Dr. Cora Breuner from Children's Hospital will be speaking about Adolescent Immunizations. The Healthcare Provider Awareness Committee meets prior to the main meeting at 10:15 a.m. and the Adult Immunization Committee meets after the main meeting at 2:15 p.m.

For more information, contact Ginny Heller 206-830-5168 or ginnyh@withinreachwa.org.



Spotlight on Local Health

CHILDREN NEED UP-TO-DATE IMMUNIZATIONS BEFORE SCHOOL STARTS

This article spotlights the Yakima Health District and is being reprinted with permission from the Yakima Herald-Republic.

By Jessica Wambach

With the first day of school less than a month away for most local students, health officials are reminding parents to make sure their children's immunizations are up to date.

"Our county has one of the highest rates of kids immunized in the state of Washington because the providers do a good job here; they're not shot shy," said Darlene Agnew, immunization program coordinator at the Yakima Health District.

But a reminder never hurts, she said.

School-age children are required to be vaccinated against several unwelcome ailments: measles, mumps, rubella, polio, hepatitis B, diphtheria, tetanus, and whooping cough.

And this year, the Washington State Board of Health has added another.

Each student entering kindergarten or sixth grade this year must have been vaccinated for chickenpox—also known as varicella—unless a parent signs a statement saying that the child has already had the disease.

Over the next several years the requirement will gradually be extended to include all grade levels, Agnew said.

About 50 Yakima County clinics

carry the vaccine, she said. Although the chickenpox immunization just became mandatory for students in July, many clinics have been carrying it for years.

"Our vaccine providers in town have been very good about providing it at one year of age," Agnew said.

But there are always some stragglers and Cris Sears, a registered nurse at Yakima Pediatric Associates, said she has had more parents requesting the immunization for their children than usual since July.

"We have seen an increase, and I've ordered just a little bit more to cover that," she said.

With all school vaccine requirements, parents can sign a

waiver allowing their children to enroll without immunizations for certain medical, religious, or personal reasons.

But schools and child care providers then have the right to demand that those children stay home if an outbreak of disease occurs, said Michele Perrin, health promotion manager for the Department of Health's immunization program.

Fees for vaccines vary by location. Parents should check with their health care providers for more information or to schedule immunizations.

For more immunization information, contact your health care provider or visit

www.doh.wa.gov/cfh/immunize.

To spotlight your local immunization work in the next *Immunization Update* newsletter, contact Lonnie Malone at 360-236-3529 or lonnie.malone@doh.wa.gov. Feel free to reprint articles in newsletters or for provider outreach.

Resources

MATERIALS UPDATE

Free immunization materials are available from the Department of Health Immunization Program CHILD Profile (IPCP). Materials include everything from parent fact sheets and Vaccine Information Statements to Immunization Reminder/Recall and Lifetime Immunization Record cards. A number of materials have recently been revised and re-printed. Visit the Forms and Materials page on the IPCP Web site to view materials and find ordering information at www.doh.wa.gov/cfh/Immunize/form_pubs.htm. New and updated materials include:

Material	Format
Lifetime Immunization Record Card (revised)	Online and print copies available now.
Immunizations, A guide to protecting your child (brochure), English and Spanish	Online and print copies available now.
Immunization Reminder/Recall Card (revised), English and Spanish	Online and print copies available now.
Vaccine Administration Record (revised), English	Online and print copies available.
Multiple Signature Log (revised), English	Online and print copies available now.
Flu Fact Sheet for parents, English and Spanish	Revision in process. Online and print copies available October 2006.
Flu Counter Display, English and Spanish	Revision in process. Online and print copies available October 2006.
Check Your Vials Poster, English (11x17)	Laminated poster that displays the vaccine packaging and vials for DTaP, Td, and Tdap vaccines to help reduce the potential for vaccine administration errors. Print copies available now.
School Mailing: <ul style="list-style-type: none"> • 2006–07 Required School Immunization Status Report • 2006–07 Required Preschool/Child Care Immunization Status Report • Vaccines Required for School and Child Care Attendance • Childhood/Adolescent Immunization Schedule • Flu Facts (English and Spanish) • 2006 ACIP Recommended Schedule Implementation Plan • Immunization Program School/Child Care Resource List 	Copies will be mailed to schools, child care providers, and preschools in October and will also be available online.

FLU MATERIALS

In preparation for the upcoming flu season, the Immunization Program CHILD Profile is working on a Flu Fact Sheet that will be sent out in CHILD Profile mailings from October 2006 to mid-January 2007.

The mailings will be sent to parents of babies and children aged six months to six years. The Flu Fact Sheet will also be available through our warehouse in October 2006 and can be ordered in both English and Spanish.

In addition, the Flu Counter Display will be

revised and re-printed. The Flu Counter Display is a 4-sided countertop display that is eye-catching, easy-to-read, and focuses on flu vaccine for children. The pyramid-shaped material is ideal for leaving in waiting rooms, on desktops, or other places where parents are likely to see it.

The revised Flu Counter Display can be ordered through the Immunization Program CHILD Profile Web site at www.doh.wa.gov/cfh/Immunize/form_pubs.htm.



2006–07 FLU GALLERY

CDC's Flu Gallery contains educational materials for use during the upcoming flu immunization season. These materials reflect CDC's vaccination recommendations and highlight the benefits of flu vaccination. The gallery contains print materials such as flyers, posters, and brochures, in color and black and white, English and Spanish. Many of the materials can be reproduced on an office printer or by a professional printer.

We encourage you to visit the online gallery often because, as vaccine supply information changes, new materials will be available that address expanded audiences, or new recommendations about which groups vaccine should be directed toward.

Additionally, if vaccine supply is still strong toward the end of November, "late season" promotion materials will be added that will remind people that it is not too late to get vaccinated against flu in December and beyond. The Flu Gallery can be found at www.cdc.gov/flu/gallery.

REVISED INTERIM TDAP VIS FORMS

A revised interim version of the Tdap VIS (dated 7/12/06) is available at www.cdc.gov/nip/publications/VIS/vis-tdap.pdf. The previous version implied that pregnancy was a contraindication for Tdap vaccination. The current VIS says that Td is usually preferred over Tdap for pregnant women, but directs pregnant women to ask their doctor which vaccine they should get.

CDC says to continue using existing stock of the Tdap VIS (dated 5/31/06), but make sure that pregnant vaccinees are aware of the current recommendation. They also note that a final version of the Tdap VIS will be developed after ACIP has published final recommendations.

The DOH warehouse will continue to send out the supply of Tdap VIS forms dated 5/31/06 from the DOH warehouse until they are used up, and then will print the new version, or the final version if it is available at that time.



HEALTH PROMOTION UPDATES

"Dirt Alert" local mailings to Pierce and King Counties

In early August, a local mailing was conducted through CHILD Profile Health Promotion to provide a brochure about lead and arsenic in soil to Pierce County residents in areas affected by the Asarco smelter. The brochure offers tips to help children minimize exposure and directs parents to their local health jurisdiction for additional resources and information.

A similar brochure will be sent to parents in affected King County areas. These two local mailings represent CHILD Profile's continuing work to pilot use of the CHILD Profile System for geographically targeted mailings.

School readiness booklet

CHILD Profile is working to revise the *Getting School Ready* booklet. The booklet will be expanded to include more information on health and immunizations as important factors to school readiness. The booklet will also respond to parent survey results regarding school readiness.

Discontinuing inserts

The SIDS brochure, as well as the *Asking Saves Kids* (ASK) gun safety brochure, both sent to Washington parents via CHILD Profile Health Promotion, will be discontinued due to lack of funding. Both messages will continue to be included in other CHILD Profile materials, and for the SIDS brochure, partners have expressed interest in identifying funding for it to be reinserted in the future.

New development chart nearing completion

The new preschool development

chart, covering ages 3–5, was pre-tested in May and June with groups of parents around the state. Feedback from the pre-tests was incorporated into a second draft that is now being sent out for professional input. Once completed, the new development chart will be included in the 3-year mailing.

Child care and health care providers to receive development chart series

Work continues to implement a project to send a series of three CHILD Profile development charts to child care and health care providers. The charts are "Watch and Help Me Grow" for ages birth–18 months, 18 months–3 years, and 3–5 years. Funded by the Bill and Melinda Gates and Kirlin Foundations, the project will also include an evaluation component to determine the usefulness of the charts to other caregivers of young children.

Dissemination of the charts, along with a satisfaction survey, will occur in September and October. Results from the survey are expected in spring 2007.

Bookmark promoting CHILD Profile parent mailings

A new bookmark-sized handout is available to inform parents of CHILD Profile mailings, and how to begin receiving them. The bookmark is printed in English and Spanish. All children born in Washington are automatically enrolled in CHILD Profile, and currently 86 percent of parents of Washington children under age 6 receive the mailings.

The bookmark is designed to help reach parents of children who are not receiving the mailings. The bookmarks can be ordered free of charge at 206-296-2785 or child-profile.health@metrokc.gov.

For more information, please contact Denise Farrand, Health Promotion Operations Manager, at 206-296-2788 or denise.farrand@metrokc.gov; or Pamela Walker, Health Promotion Coordinator, at 360-236-3556 or pamela.walker@doh.wa.gov.

CHILD PROFILE IMMUNIZATION REGISTRY STRATEGIC PLAN

When the Department of Health assumed responsibility for administering CHILD Profile in 2002, a complete needs assessment was conducted that formed the foundation of a new strategic plan for ensuring the future of the CHILD Profile Immunization Registry and Health Promotion System.

That assessment and plan led to issuing a request for proposal that described the type of functionality needed for the Immunization Registry to succeed in meeting both public and private health provider needs. It resulted in the Web-based registry product developed by Scientific Technology Corporation.

This fall, a new abbreviated needs assessment will be conducted to help update

the CHILD Profile Strategic Plan. Susan Salkowitz Associates will conduct the needs assessment and will interview private and public providers about the Immunization Registry. A data quality plan will be another output.

A growing registry

As of June 30, 2006, 65 percent of immunization provider sites in the state were participating in CHILD Profile. Seventy-nine percent of children under age six have two or more immunizations recorded in the registry.

Funding for data exports from provider management or billing systems to the Immunization Registry continue to be available.

For more information, contact Margo Harris at 1-800-325-5599 or

margo.harris@metrokc.gov.

FOSTER CARE PASSPORT

Since implementation of the Foster Care Passport program in 1998, public health nurses from local health jurisdictions (LHJs) have been working to help children in state custody. Foster Care Public Health Nurses (FCPHNs) work via a collaborative agreement between DSHS Children's Administration and LHJs.

Since 1999, CHILD Profile has provided electronic immunization data to DSHS to populate the Passport Health and Education database. As part of creating comprehensive health histories, FCPHNs add immunizations found in medical records to Passport to complete each child's immunization history. Starting this fall, FCPHNs will be able to provide immunization data back to CHILD Profile Immunization Registry.

FCPHNs will soon have Web access to CHILD Profile. This will enable FCPHNs to locate immunization data on children for whom the two data systems cannot make a match. In addition, the FCPHNs will be able to add immunization data for children whose histories are incomplete, and make corrections. Statewide implementation and training is planned for this fall.

For more information contact Sherry Riddick, CHILD Profile, at sherry.riddick@metrokc.gov or Julie Stachowiak, FCPHN Services, at jsta300@dsht.wa.gov.

PARENTAL VACCINE HESITANCY IN WASHINGTON STATE

The following letter from the Immunization Action Coalition of Washington is being sent to immunization providers across the state. For more information or for a copy of the letter to send to providers in your community, please contact Ginny Heller at 206-830-5168 or ginnyh@withinreachwa.org.

Dear Colleague:

As physicians, we understand the crucial impact immunization has had in reducing the incidence of vaccine-preventable disease. Most parents believe in the importance of immunization for their children—almost 80 percent of Washington toddlers have the vaccines they need. However, vaccine exemption rates (parents refusing immunization due to medical, religious, or philosophical reasons) are steadily rising in our state.¹

It is no longer uncommon to encounter parents who have tough questions about the need for, or safety of, childhood vaccines.² Some parents choose to delay or forgo immunizing their children with a few or all of the recommended vaccines. This is likely to increase as new vaccines are added to the already complex childhood immunization schedule. **If we are to continue to protect children and our communities from vaccine-preventable diseases, we must understand and be sensitive to parents' concerns and respond to their questions with accurate and timely information.**

Research has repeatedly shown that as physicians, we are parents' most trusted and important source of information and advice about immunizations.³ We have a professional and ethical obligation to educate parents and to correct misconceptions. Our ability to make a strong immunization recommendation and provide satisfactory answers to parents' questions about vaccines, in a calm, non-confrontational and respectful manner, is regarded as the optimal way to have a positive influence on vaccine decision making.⁴

By understanding differing views of vaccine risks and benefits and educating ourselves on vaccine safety issues, we can assist parents in making fully informed immunization decisions for their children. Now more than ever, it is imperative that we respond effectively to parents' concerns. On behalf of the Immunization Action Coalition of Washington, we thank you for your continued efforts to protect the health of our communities from vaccine-preventable disease.

Sincerely,

Jay Fathi, MD
Chair, Healthcare Provider Awareness Committee
Immunization Action Coalition of Washington

Provider Resources

Children's Hospital of Philadelphia Vaccine Education Center (CHOP): www.vaccine.chop.edu.
Centers for Disease Control and Prevention (CDC): www.cdc.gov/nip.
Department of Health Immunization Program: www.doh.wa.gov/cfh/immunize/.
Immunization Action Coalition (IAC): www.immunize.org.
National Network of Immunization Information (NNII): www.immunizationinfo.org.

Two free parent immunization education materials: *Immunization—A Guide to Protecting your Child* and *Plain Talk about Childhood Immunizations*. This order form is located at www.doh.wa.gov/cfh/immunize/documents/standard2006.pdf.

¹ Washington State Department of Health, unpublished data.

² Gust DA, Strine TW, Maurice E, Smith P, Yusuf H, Wilkinson M, Battaglia M, Wright R, and Schwartz B. Underimmunization Among Children: Effects of Vaccine Safety Concerns on Immunization Status. *Pediatrics*. 2004;114(1):e16-e22.

³ Ball LK, Evans G, Nostrom A. Risky business: challenges in vaccine risk communication. *Pediatrics*. 1998; 101:453-458.

⁴ Gellin BG, Maibach EW, Marcuse EK. Do parents understand immunizations? A national telephone survey. *Pediatrics*. 2000;106 :1097 -1102.

ASK THE NURSES

Beginning in the winter issue of the *Immunization Update* newsletter, there will be a new column called "Ask the Nurses."

This column will give you the opportunity to write in questions to our public health nurses regarding vaccines, diseases, etc. Questions chosen will be answered in the following newsletter.

Please submit your questions by e-mailing Karen Arbogast at karen.arbogast@doh.wa.gov.

THIRD PARTY VACCINE DISTRIBUTION

Planning is well on its way for the transition to third party vaccine distribution. We have heard from many of you that your training with providers is underway and going well.

Others are planning to connect with providers during the months of August and September to help them prepare for third party distribution. We held several training opportunities on CHILD Profile's Vaccine Management and Ordering Module for local health jurisdictions (LHJs) during the month of August.

The Immunization Program CHILD Profile Vaccine Distribution Web page is up and running and we continue to post updated materials to the site on a regular basis.

LHJs will always receive notification of these updates via e-mail as well. We recently started contacting each LHJ to check in and see how things are going. It is a big change, and we understand that some will continue to be a little nervous until we go live.

For more information, contact Jan Hicks-Thomson at 360-236-3578 or jan.hicks-thomson@doh.wa.gov.

VACCINE SUPPLY UPDATE

General vaccine supply

We have been experiencing some delays in vaccine shipments from manufacturers, which has caused some vaccines to be put in backorder status. We continue to work with manufacturers to expedite delivery.

Tdap and meningococcal

The Department of Health (DOH) initiated distribution of both Tdap and meningococcal vaccine on July 5, 2006. Tdap supplies have been steady, and orders are being filled as requested. Meningococcal is in short supply, and vaccination should be targeted to those adolescents aged less than 19

years who meet the high risk criteria, including those who are college freshmen who will be living in dorms. Vaccination of 11- and 12-year-olds should be deferred at this time, and the vaccine supply limits the ability to vaccinate adolescents who do not fall into the high risk categories.

Meningococcal vaccine shipments to LHJs in the month of July were equivalent to several months' allocation for each jurisdiction. CDC has put a cap on the meningococcal vaccine allocated to Washington, which will not allow additional shipments until October. Those shipments will be extremely limited, so

please continue to emphasize to providers that vaccination should be reserved for those in high risk categories.

Influenza update

DOH has pre-booked approximately 46,000 more doses of influenza vaccine for children 6 through 35 months of age than were used during the 2005–06 season. The presentation of these doses is Fluzone PF, preservative free .25mL pre-filled syringes.

Anticipated vaccine supply for children 3–19

Approximately 40,000 more doses of influenza vaccine than were used during the 2005–06 season have been pre-booked for

children aged 3 years up to the 19th birthday. The influenza vaccine for this age group is in multiple products and presentations, including Fluzone multi-dose vials, pre-filled .5mL syringes, .5mL single dose vials, and Fluviron multi-dose vials.

Some distributors continue to pre-book influenza vaccine in the private sector. Please see our vaccine distribution Web site at www.doh.wa.gov/cfh/immunize/vaccinedistribution.htm for a list of distributors. Please note that providers must contact distributors directly to confirm availability and pricing.

RESULTS OF CHILD PROFILE IMMUNIZATION MESSAGES FOCUS GROUP

The Washington State Immunization Program CHILD Profile (ICP) contracted with Gilmore Research Group to recruit and conduct a series of five focus groups among first-time parents of children under the age of 13 months. The purpose of the research was to gather information on how immunization information distributed to parents in CHILD Profile Health Promotion mailings can be improved or enhanced and to determine what types of immunization information parents want.

This research will inform ICP about what immunization information to provide parents in CHILD Profile Health Promotion materials.

Key findings

- Generally speaking, participants in all of the focus groups were complimentary about the mailings they recall receiving from CHILD Profile Health Promotion. They view the mailings as a highly trustworthy source of immunization related information.

- In general, they feel that CHILD Profile provides the right amount of immunization infor-

mation in mailings. However, participants also said they would like to have access to more immunization information. Ideally they would receive "unbiased" information prior to their child's birth when they have time for reading. If that is not possible, they would like to receive as much information as possible about two to three months after their child is born.

- Based on these discussions, first-time parents would benefit from an enhanced level of preparation for the first set of immunizations including the rationale for immunizing at the hospital after delivery, multiple shots at one time, how to comfort the child before and after immunizations, as well as how to prepare oneself emotionally for the child's immunization.

- There was a real desire for information among focus group participants related to immunization-related material. About half of the parents participating in the focus groups did reading on their own and/or asked questions of their physicians, nurses, friends and family before and as their children went through their first sets of immunizations. As

most focus group participants noted, they are thirsty for any information related to the health and well being of their child and most said they would accept information even if they would seek it on their own.

- There were a number of questions that participants have related to immunizations. Those mentioned most frequently were: Why are multiple shots administered at one time? What are the real risks of contracting disease versus the risks associated with vaccinations? What should one do if one falls behind schedule?

- Not surprisingly, most participants said they primarily turn to their doctors for immunization information. Secondly, participants seem to turn to friends or family members who have children and friends or family who have medical training. In addition, many participants said that for immunization information they would turn to child-rearing books or the Internet for information.

- Federal, state and local health agencies, but particularly those at the state and local level, are viewed by most participants as trustworthy sources of immuniza-

tion-related information.

- Most participants said they would trust information that comes through the mail if it were sponsored by a medical provider or a governmental health agency as opposed to a for-profit enterprise. The majority said they enjoy receiving information through the mail and most said they read anything that pertains to their child.

- When asked about their interest in specific immunization topics, participants seemed to indicate that vaccine safety, comparing the risks and benefits of vaccines versus disease, the number of vaccines required and how vaccines and the immune system work are particularly compelling.

- When participants were asked how they prefer to learn about immunization-related information, the majority of focus group participants said that other than speaking to their doctor, they prefer to read written materials on their own and back up their reading through Internet research, or through discussions

2006 RECOMMENDED CHILDHOOD & ADOLESCENT LAMINATED IMMUNIZATION SCHEDULES

The 2006 Recommended Childhood & Adolescent Immunization Schedule is available for free in a laminated, pocket size and can be ordered by contacting Debbie Nakano at debbien@withinreachwa.org.

This laminated, pocket-sized version of the schedule is made available from WithinReach.

RESULTS OF CHILD PROFILE IMMUNIZATION MESSAGES FOCUS GROUP, CONTINUED FROM PAGE 8

with friends or relatives.

- The majority of focus group participants said they recall CHILD Profile Health Promotion materials and mention of the materials brought almost universally enthusiastic response from participants. Participants were generally aware that CHILD Profile is a program of the Washington State Department of Health. In addition, most participants were aware that they have received periodic mailings since their child was born. The developmental information provided in those mailings was particularly memorable for participants.

- With regard to immunization-specific information, focus group

participants seemed to recall the Immunization Brochure in particular. Many of them said that they kept that brochure and refer back to it to make sure they keep their child on schedule with their immunizations. A number of them said they posted the immunization schedule in the brochure on a bulletin board or refrigerator.

- All of the individual immunization materials presented were well received by most focus group participants. Generally speaking, participants said they want more information as opposed to less and they would like to have access to statistics to back up the information in the mailings whenever appropriate. Any negative feedback was generally related to

formatting, use of pictures or graphics, but was rarely content related. The content-related feedback generally had to do with the desire for more specifics and more information.

- It seems that focus group participants would like to receive a booklet similar to Plain Talk and that they do not consider Plain Talk to be too much information to receive through CHILD Profile mailings related to immunizations.

To request the full report, contact Michele Perrin at michele.perrin@doh.wa.gov or 360-236-3720.

WORKING TOGETHER – IMMUNIZATION HIGHLIGHTS FROM THE PROGRAM MANAGER, CONTINUED FROM PAGE 1

the process.

At the federal level, after a vaccine is licensed, the Advisory Committee on Immunization Practices (ACIP) may consider it for inclusion in the federal Vaccines for Children (VFC) program.

If ACIP makes a recommendation to include a new vaccine in the VFC program, CDC must approve that recommendation and publish it in *Morbidity and Mortality Weekly Report* to indicate the recommendation is final. An ACIP recommendation that has not been finalized is called provisional and is usually posted on the ACIP Web site. CDC negotiates a price for the new vaccine and includes it in the federal contract used by states to purchase vaccines.

Since Washington is a universal vaccine state, which means we purchase ACIP-recommended vaccines for children from birth through 18 years, we use both state and federal funds to purchase vaccines. Federal VFC funds support those children eligible for the federal VFC pro-

gram; equaling about 60 percent of the cost of the vaccine for all of Washington's children. We use a combination of state and other federal funds (317 funds) to purchase the remaining vaccine for Washington's children; equaling about 40 percent of the cost.

An aspect of Washington's universal vaccine policy is that providers do not screen for VFC eligibility. This is important to understand because it requires the state to secure all vaccine funding prior to implementation of a vaccine so that providers administering the vaccine do not need to account for vaccine per fund source as it is administered to each child. The way we secure the state funding for vaccine is through working with the Office of Financial Management (OFM) on our needs for additional funding and then, if approved, submitting that request to the Legislature.

Once the Legislature approves and makes the funds available, the Immunization Program CHILD Profile (ICP) can begin

purchasing and distributing the new vaccine. The process to obtain this combined federal and state funding for the universal vaccine program can take many months.

Regarding rotavirus vaccine, here's where we are in the process:

- The vaccine was licensed in spring 2006.
- The ACIP recommendation was finalized (published in the *MMWR*) on August 11, 2006.
- ICP is working through the department's normal budget development procedures to seek the funds required to implement this new vaccine. The funding request was submitted to OFM on September 1, 2006.
- Pending funding approval by OFM and the Legislature, the vaccine may be available after the 2007 legislative session.

Regarding HPV vaccine, here's where we are in the process:

- The vaccine was licensed in June 2006.

- The ACIP recommendation is provisional (has not been published in the *MMWR*).

- In anticipation of final CDC approval, ICP is working through the department's normal budget development procedures to seek the funds required to implement this new vaccine. The funding request was submitted to OFM on September 1, 2006.
- Pending funding approval by OFM and the Legislature, the vaccine may be available after the 2007 legislative session.

For more information on the specific recommendations for these two new vaccines, please visit the ACIP Web site at <http://www.cdc.gov/nip/acip/>.

I hope this information is helpful to you as you develop plans for these new vaccines. Thanks for all of your work to fully immunize Washington's children!

